

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: MS Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>HO-P01715US2</td> </tr> <tr> <td>First Named Inventor</td> <td>Boyd B. Moore</td> </tr> <tr> <td>Original Patent Number</td> <td>6,148,925</td> </tr> <tr> <td>Original Patent Issue Date (Month/Day/Year)</td> <td>11-21-2000</td> </tr> <tr> <td>Express Mail Label No.</td> <td>ER147055336US</td> </tr> </table>	Attorney Docket No.	HO-P01715US2	First Named Inventor	Boyd B. Moore	Original Patent Number	6,148,925	Original Patent Issue Date (Month/Day/Year)	11-21-2000	Express Mail Label No.	ER147055336US
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Express Mail Label No.	ER147055336US										

APPLICATION FOR REISSUE OF: (check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/> Power of Attorney	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	15. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	17. Other: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Copy of Issued Patent Application Data Sheet</div>
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identify of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26271	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Edward D. Steakley	Registration No. (Attorney/Agent)	47,964
Signature	<i>Edward D. Steakley</i>	Date	September 30, 2003

Reissue Patent Application Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER147055336US, in an envelope addressed to: MS Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 30, 2003	Signature: <i>Elena Maglito</i> (Elena M. Maglito)

FEE TRANSMITTAL for FY 2003				Complete if Known																																																																																																																																																																																															
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned																																																																																																																																																																																														
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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: _____ Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P. The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES																																																																																																																																																																																															
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SUBMITTED BY				(Complete if applicable)	
Name (Print/Type)	Edward D. Steakley	Registration No. (Attorney/Agent)	47,964	Telephone	(713) 651-5423
Signature		Date	September 30, 2003		

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Application Data Sheet